
Information regarding the key direct and indirect responsibilities of various responsible players in the health sector, especially policy-makers, in accordance with the Articles of the Convention, and compiled into an easy-to-read format.
Convention on the Rights of Persons with Disabilities: Roles and Responsibilities of the Health Sector

Information for Policy-makers
# Contents

Introduction ............................................................................................................. 1

Scope of the Convention on the Rights of Persons with Disabilities ................................................... 2

What is disability? .................................................................................................. 2

The role of the health sector (Articles 25 and 26 of the Convention) .............................................. 6

Portions of other articles related to health ............................................................................... 8

Responsibilities of UN Staff ..................................................................................... 14

Implementation within the United Nations .............................................................................. 15

WHO task force on disability ....................................................................................... 16
Introduction


- The Convention is a response to an overlooked development challenge: about 10% of the world’s population are persons with disabilities (over 650 million persons). Approximately 80% of them live in developing countries.

Although many earlier UN instruments on disability existed, including the Standard Rules on the Equalization of Opportunities for Persons with Disabilities (1993), the Convention is the first legally binding instrument for the protection, promotion and realization of all human rights of all persons with disabilities.

- The Convention emphasizes the importance of mainstreaming disability issues as an integral part of relevant strategies of sustainable human development.

- This Convention is an acknowledgement of the critical role of health in the life of persons with disabilities, without which other rights may neither be claimed nor realized.
Article 1

The Purpose “The purpose of the present Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.”

Scope of the Convention on the Rights of Persons with Disabilities

- Civil, political, economic, social and cultural rights reiterated
- Non-discrimination ensured
- Participation mandated
- Equality in access to justice is protected during the period that they are living in rehabilitation centres/hospitals/institutions
- Inherent human dignity respected
- Understanding of diversity promoted

What is disability?

The Convention does not explicitly define disability under Article 2 on Definitions; however, Article 1, on Purpose, states that “Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments...
which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”.

The Preamble (e) says “Recognizing that disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others”.

The Convention further marks a “paradigm shift” in the approaches to persons with disabilities from the medical or charity perspective to the rights and equality aspect.

**What does the Convention do?**

- Promote, protect and ensure the rights and fundamental freedoms of persons with disabilities.
- Identifies the obligations of the States Parties to promote, protect and ensure those rights.
- Establishes a Committee on the rights of persons with disabilities (receiving reports from States Parties and monitoring compliance).
- Establishes a conference of the States Parties (to discuss implementation) as in Article 40.
Article 3: General principles

The principles on which the present Convention is based are:

(1) Respect for inherent dignity, individual autonomy including the freedom to make one’s own choices, and independence of persons with disabilities;

(2) Non-discrimination;

(3) Full and effective participation and inclusion in society;

(4) Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;

(5) Equality of opportunity;

(6) Accessibility;

(7) Equality between men and women;

(8) Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.
Guiding values

- Full and effective participation and inclusion
- Respect for dignity and autonomy
- Equality of opportunity
- Equality between men and women
  - Non-discrimination
  - Accessibility
  - Respect for human diversity

All human rights are interdependent, indivisible and interrelated

Indivisible Cycle of Health Rights

- Living independently
- Protection during disasters
  - Freedom from violence, abuse, torture
  - Services, assistive devices,
  - Home and family life
  - Accessibility
  - Full legal capacity, Informed consent
  - Life, liberty and personal mobility

Right to Health
The role of the health sector

The main articles dealing with health and rehabilitation are Article 25 and Article 26. The following sections outline responsibilities under these as well as some of the key parts of other articles in the Convention relating to health, rehabilitation, personal mobility, home and family life, independent living including issues of access to premises, programmes, justice, legal capacity, and to ethical issues of free and informed consent for medical experimentation, protection from torture and degrading treatment, freedom from exploitation, violence, abuse, as well as respect for the mental and physical integrity of persons with disabilities.

Article 25: Health Obligations of State Parties

- To provide the highest attainable standards of health for persons with disabilities.
- To ensure the same range, quality and standards for free/affordable health care and programmes on an equal basis with others.
- To prevent discrimination on the grounds of disability.
- To ensure equal access to health services, including in rural areas.
- To provide care on the basis of free and informed consent of the person with disability.
- To promote ethical standards of practice by health workers in the public and private sectors, especially
in dealing with those who need more intensive forms of support, and in dealing with girls and women with disabilities.

- To prevent denial of food, fluids, health care and services on the basis of disability.
- To prevent denial of health insurance on the basis of disability.
- To provide gender-sensitive services, including health-related rehabilitation, and information on reproduction and family planning in accessible formats.

**Article 26: Habilitation and rehabilitation:**

This article provides for rehabilitation services and affirmative action that are appropriate for specific disabilities.

“In furtherance of the above, State Parties shall organize, strengthen and extend comprehensive habilitation and rehabilitation services and programmes, particularly in the areas of health, employment, education and social services for:

- Prevention of secondary disabilities;
- Early identification and intervention as appropriate;
- Capacity-building/training of personnel in the health sector, pre-service and in-service;
• Multidisciplinary assessment of individual needs and strengths of people with disabilities;
• Provision of appropriate, affordable and accessible assistive devices;
• Provision of services in people’s own communities, including in rural areas;
• Creation of awareness of rights, dignity, autonomy, positive images and needs of persons with disabilities.

Portions of other articles related to health

Article 3: General principles
To respect the inherent dignity, individual autonomy and independence of people with disabilities, including the freedom to make one’s own choices.

Article 6: Women with disabilities
To take measures to ensure the development, advancement and empowerment of women with disabilities.

Article 7: Children with disabilities
To ensure that children with disabilities enjoy all human rights on an equal basis with other children.
Article 8: Awareness raising

To initiate public awareness campaigns to promote positive perceptions, combat harmful practices and prejudices and to foster respect for the rights and dignity of people with disabilities.

Article 9: Accessibility

To ensure accessibility of persons with disabilities to physical environments, transportation, information, communication, technologies, systems, facilities and services.

Article 10: Right to life

To ensure the inherent right to life of persons with disabilities on an equal basis with others.

Article 11: Situations of risk and humanitarian emergencies

To ensure the protection and safety of persons with disabilities during armed conflict, emergencies and disasters.

Article 15: Freedom from torture, inhuman treatment or punishment

To prevent cruel, inhuman or degrading treatment or punishment and to ensure free consent before medical or scientific experimentation.
Article 16: Freedom from exploitation, violence and abuse

To promote physical, cognitive and psychological recovery, rehabilitation and social integration of persons with disabilities who become victims of exploitation, violence, or abuse.

Article 17: Protecting the integrity of the person

To protect the mental and physical integrity of persons with disabilities on an equal basis with others.

Article 18: Liberty of movement and nationality

To ensure that children with disabilities are registered immediately after birth.

Article 19: Living independently and being included in the community

To ensure that persons with disabilities enjoy the freedom to choose their place of residence, and have access to responsive support services and facilities in the community, which promote independence, inclusion and participation.

Article 20: Personal mobility

To ensure personal mobility with the greatest possible independence for persons with disabilities, including:

- Facilitating access by persons with disabilities to quality mobility aids, devices, assistive technologies
and forms of live assistance and intermediaries, including by making them available at affordable cost;

- Providing training in mobility skills to persons with disabilities and to specialist staff working with persons with disabilities.

**Article 23: Respect for home and family**

To eliminate discrimination against persons with disabilities with respect to:

- Marriage, family life, parenthood, relationships
- Reproductive rights, family planning education
- Guardianships, adoption
- Retention of fertility on an equal basis with others
- Age and gender appropriate information
- Early and comprehensive services, information and support
- This article also deals with prevention of concealment, abandonment, neglect, separation and segregation of children with disabilities against their will; and, in rare cases, and that too only in the best interests of the child, provision of alternative care within the wider family, and/or the community. This should be in accordance with applicable laws.
Article 28: Adequate standard of living and social protection

To ensure access to clean water, appropriate and affordable services, devices and other assistance for disability-related needs including training, counselling, and respite care.

Article 31: Statistics and data collection:

To maintain confidentiality, respect for privacy and ethical principles in the collection and use of data.
Important issues in the right to health

- Policies
  - National policies/laws
  - Human Resources & Procurement
- Capacity building
  - Of persons with disabilities
  - Of health-care providers
  - Of decision-makers
- Standards and ethics
- Accessibility
  - Affordability
  - Physical environment/premises
  - Geographical proximity to users
- Communication material in accessible formats
- Justice during institutionalization
- Optimizing Primary Health Care & rehabilitation services
- Inclusion in mainstream programmes
- Vertical programmes for specific disabilities
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Responsibilities of UN Staff

The Convention has specific implications for the United Nations and its staff and programmes.

**Article 32: International cooperation**

States, in partnership with relevant international and regional organizations and civil society, shall ensure that:

- international development programmes are inclusive of and accessible to, persons with disabilities;
- capacity building through exchange and sharing of information, experiences, training and best practices are undertaken;
- cooperation in research on disability-related matters is strengthened; and
- technical and economic assistance is provided.

**Article 34:** provides for a Committee on the Rights of Persons with Disabilities for the specific purpose of considering reports from State Parties.

**Article 38: Relationship of the Committee with other bodies**

WHO has an important role to perform in the implementation of the Convention on the Rights of Persons with Disabilities. As per Article 38, WHO may be:
• Represented on the Committee;
• Invited to provide expert advice on implementation of the Convention with respect to issues of health and rehabilitation;
• Invited to submit reports on the implementation of the CRPD;
• Provide technical support to Member States.

Implementation within the United Nations

Inter-Agency Support Group (UN – IASG)

To ensure coordinated UN responses in terms of (1) vision; (2) framework of planning; and (3) action. On activities related to the Convention, a United Nations Inter-Agency Support Group (UN IASG) has been set up. It focuses on six areas:

1. Policies — Article 32(i)
2. Programmes — Article 32(i)
3. Research — Article 32(i)
4. Capacity-building — Article 32(i)(b)
5. Accessibility — Article 32(i)(c)
6. Committee on the Rights of Persons with Disabilities — Article 38
The support group will also:

(1) Increase the scale and effectiveness of the UN system’s involvement in disability issues.

(2) Support States Parties within its framework.

(3) Ensure that its own programmes/policies are inclusive and accessible.

(4) Strengthen recognition of the principles of the CRPD.

WHO task force on disability

Within WHO, a task force has been established by the Director-General to oversee compliance with the UNCRPD. Its specific goals are:

- To ensure that WHO policies, programmes and projects are designed and implemented to ensure inclusion of and accessibility to persons with disabilities;
- To make WHO premises, communications and employment opportunities accessible to people with disabilities.

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